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MONTANA
PUBLIC HEALTH
LABORATORY
SERVICES
BUREAU

Updates from the MT
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Sentinel Laboratory Drill

In June, the MTPHL Biopreparedness section, conducted a sentinel laboratory response time drill. The performance measure was the time it took for at least one staff member at each of the 13 certified sentinel clinical laboratories to acknowledge receipt of an urgent email and/or fax message from the MTPHL. The message was emailed to 26 people among the 13 sentinel laboratories using the contact information for the laboratory managers and microbiology supervisors that are on file in the MTPHL sentinel laboratory outreach database. The message was also faxed to each laboratory using the fax numbers that are also on file in that database.

There was an impressive response rate amongst the 13 certified sentinel laboratories. At 2.5 hours post drill message, 85% (11 of 13 labs) had responded; 2 phone responses, 6 emails and 6 faxes. The overall response rate was 92% (12 labs).

Thank you to all the Montana certified Sentinel Labs for participating in the drill and responding in a timely manner. In the event of an actual public health emergency, MTPHL would use these methods of communication to relay important information to all of the sentinel laboratories.

Interested in becoming a Sentinel Laboratory?

If your clinical laboratory is CLIA certified, is capable of performing high complexity microbiology testing (cultures and gram staining) and meets the following requirements, then you may be eligible to become a certified sentinel laboratory.

Responsibilities of a Sentinel Clinical Laboratory

1. The laboratory is familiar with reportable disease guidelines, and has policies and procedures in place to refer diagnostic specimens or isolates suspected to contain agents of public health significance to MTPHL.
2. The laboratory ensures personnel have met the applicable federal regulations for packing and shipping of infectious substances.
3. The laboratory has policies and procedures for referral of suspect biothreat agent specimens and/or isolates to the LRN Reference Laboratory (MTPHL) that reflect the *American Society for Microbiology (ASM) Sentinel Level Clinical Microbiology Laboratory Guidelines for Suspected Agents of Bioterrorism and Emerging Infectious Diseases* available for download on the ASM website at <http://www.asm.org/index.php/policy/sentinel-level-clinical-microbiology-laboratory-guidelines.html>.
4. The laboratory maintains the capability to perform testing outlined in the *ASM Sentinel Level Clinical Microbiology Laboratory Guidelines for Suspected Agents of Bioterrorism and Emerging Infectious Diseases* and demonstrates annual competency by participation in proficiency testing or exercises, such as the Laboratory Preparedness Exercise or state-developed challenge sets.
5. The laboratory has a Class II or higher Certified Biological Safety Cabinet.
6. The laboratory complies with Biosafety Level II (BSL-2) practices as outlined in the current edition of the *Biosafety in Microbiological and Biomedical Laboratories* guidelines.
7. The laboratory complies with applicable Occupational Safety and Health Administration (OSHA) regulations for a respiratory protection program.

This year's Bioterrorism Preparedness for the Sentinel Laboratory workshop will be held at the Montana Public Health Laboratory on October 7th.

Having the venue at the MTPHL gives participants the opportunity to meet the MTPHL laboratorians and see the work environment of the Public Health Laboratory first hand. Also, portions of the workshop will take place in our BSL3 laboratory, giving participants an opportunity to perform tasks under BSL3 conditions.

At the end of the workshop, participants will be able to:

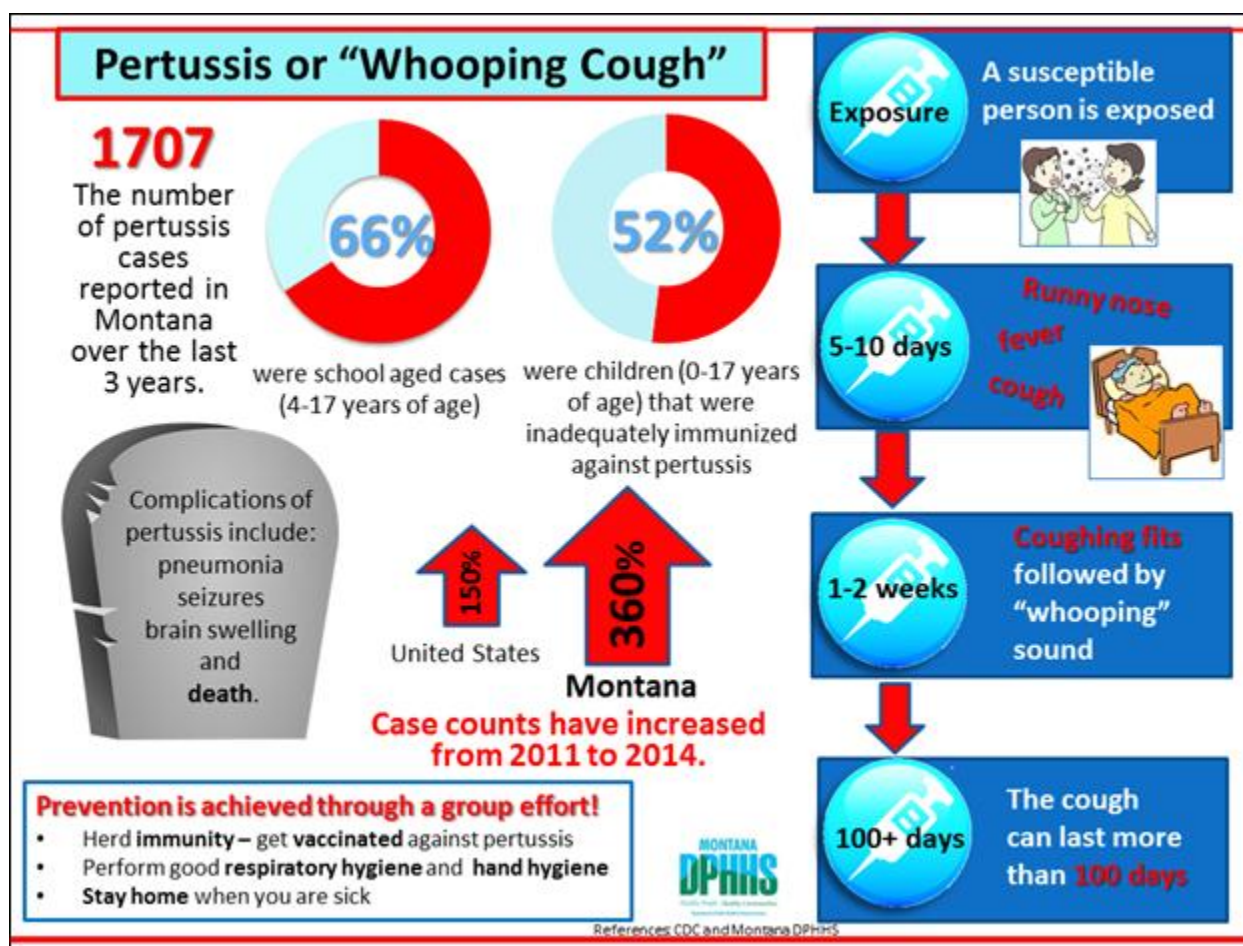
- Discuss the role of the clinical laboratorian in the presumptive identification of suspect agents of bioterrorism.
- Explain the safety implications of handling suspect bioterrorism organisms in clinical specimens and isolates.
- Describe the clinical presentation and biochemical characteristics of *Bacillus anthracis*, *Brucella* spp., *Burkholderia* spp., *Francisella tularensis*, and *Yersinia pestis*.
- Outline the process for referring suspect organisms to the Montana Public Health Laboratory.

MTPHL pays for travel expenses related to this workshop.

Montana Communicable Disease Weekly Update

Release date: 7/31/2015

Infographic of the Week: August and back to school are right around the corner. It's almost time to think about vaccination requirements and enhanced surveillance for pertussis.



DISEASE INFORMATION

Summary – MMWR Week 29 - Ending 7/25/15 Preliminary disease reports received at DPHHS for the reporting period July 19–25, 2015 included the following:

- **Vaccine Preventable Diseases:** Pertussis (2), Varicella (1)
- **Invasive Diseases:** *Haemophilus influenzae*, invasive (1), *Streptococcus pneumoniae*, invasive (2)
- **Enteric Diseases:** Campylobacteriosis (5), Cryptosporidiosis (2), Giardiasis (1), Salmonellosis (5), Shiga-toxin producing *E. coli* [STEC] (3), Shigellosis (1)
- **STD/HIV:** Chlamydia (58), Gonorrhea (9), Syphilis (0), HIV* (1)
- **Hepatitis:** Hepatitis B, chronic (1), Hepatitis C, chronic (17)
- **Vector-borne Diseases:** Q fever (1)
- **Travel Related Conditions:** (0)
- **Animal Rabies:** (1, bat)
- **Elevated blood lead:** (0)
-

* A case is included if a new confirmatory test or report was received by DPHHS. Cases include both persons who were newly diagnosed and persons newly reported in Montana who may have been diagnosed in another state or country.

NOTE: The attached reports have multiple pages reflecting the following information: (1) cases for the past reporting week; (2) communicable diseases YTD; (3) clusters and outbreaks; and (4) a quarterly HIV/STD summary.

HOT TOPICS

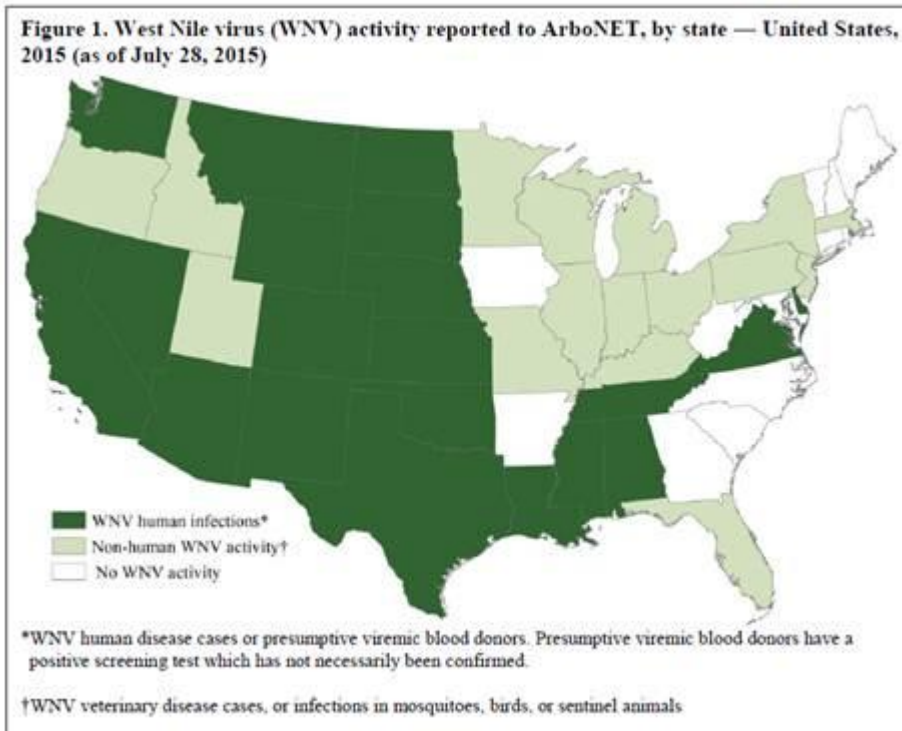
Pertussis: Montana has suffered under the burden of pertussis seemingly more than any other state for the three year period ending 2014. We are presently engaged in a study of the reasons behind this and hope to have it available in the near future. The infographic above reflects a taste of the information we have discovered. Below is a chart illustrating the impact in Montana as compared to the country as a whole from the analysis.

Those of you who attended the Summer Institute will surely be able to appreciate the comparative incidence rate related information...

Pertussis Incidence in the United States and Montana 2012 to 2014



West Nile Virus (WNV): Nationally, the number of human cases continues to increase with a big swathe of human cases up the middle (see figure below) and now is the time when most individuals will be exposed to WNV as the primary mosquito responsible for transmitting WNV begins to fly in large numbers about mid July. Typically, this usually results in diagnosed cases in August and September. Below is the most recent national map of the impact of WNV in the



U.S.

Remember About 20% of all cases will develop a Febrile Illness (headache, body aches, joint pains, and vomiting) and less than 1% will develop neurologic illness leading to encephalitis, acute flaccid paralysis, meningitis or other acute signs of central or peripheral neurologic dysfunction. It can be fatal. No medications or vaccine have been found to treat or prevent West Nile Fever.

Recommendations:

- 1) Reduce risk of being bitten by mosquitos by a) wearing light colored long pants and long sleeve shirts, b) use insect repellent with DEET, and c) limit time outside at dawn and dusk when mosquitos are most active.
- 2) Monitor local mosquito and animal WNV positive cases because they precede human cases.
- 3) Support mosquito control districts that spray hot spots to prevent mosquito larva and nymphs from becoming adults.
- 4) Empty standing pools of water in your yard and other potential mosquito breeding pools.

WNV Web Links:

<http://dphhs.mt.gov/publichealth/cdepi/diseases/westnilevirus.aspx>

<http://npic.orst.edu/pest/mosquito/wnv.html>

<http://www.cdc.gov/westnile/index.html>

INFORMATION/ANNOUNCEMENTS

New Immunization Requirements: A press release went out on July 13 targeting parents but of importance to providers also. “For the coming school year, students will need to be vaccinated against varicella disease, more commonly known as chickenpox. All students in kindergarten through 12th grade will need to have two doses of varicella vaccine. Students attending a preschool or prekindergarten will need one dose of varicella. If a student has already had a case of chickenpox, documentation from a physician can be accepted in lieu of the vaccine. Additionally, students who already had two doses of the vaccine do not need to repeat it.”

This brings Montana into better alignment with national recommendations on vaccinations so many students are likely already in compliance, however for those not, parents need to check their child’s immunization status and providers should review patient records when children come in. A conditional attendance provision allows students to stay in school until they finish the required shots but doesn’t relieve parents of the responsibility. Providers can help by reminding parents of the need for vaccinations.

The press release can be found at <http://dphhs.mt.gov/AboutUs/News/7-13-15Vaccines>

Q&A CORNER

Q: What am I supposed to do with lead lab results?

A: Lead investigation guidelines are on SharePoint. They will guide you through the process but in general, an elevated Blood Lead Level (BLL) is 5µg\dl + for kids and 10µg\dl + for adults. In kids, an investigation is only done on blood collected from a venous sample, not a capillary sample. So, if you receive a capillary sample result on a child, request that a venous sample be tested. Technically adults with high blood lead levels are not reportable, nor should an investigation be opened. However, it is important to inquire about children at home and assess the adults in a family of high blood level children. It may be that untested children have high levels because the adult brings it into the household. So, opening an investigation is a good way to track your progress in determining possible exposure to kids or grandkids and the source of lead in the adult. Use the Lead Investigational Guidelines located on SharePoint. For BLL below threshold levels, mark as reviewed and you are done (unless they are part of an investigation.) Please document your findings throughout the investigation in the comments.

Q: A person who is a communicable disease case has sent me an email with information directly related to their situation. Does this violate HIPAA?

A: No, that individual made a choice to send that to you, but the information you have received is of concern. You should delete the email after printing a hard copy for your records or writing the information down unless your local policies and procedures indicate otherwise. Then you should contact the individual and ask them to NOT send you information that reveals their situation by email and find another way to communicate with the individual by phone call and write the information down or other method of documentation. Do not forward the email to anyone as, at that point, questions arise regarding protected health information. All systems are confidential, but emails could be subject to freedom of information requests and having to go through all emails to ensure that all protected health information has been redacted is daunting and fraught with potential for missing something. If you need to communicate the information further do so using the existing secure methods.

24/7 AVAILABILITY

The Communicable Disease Epidemiology (CDEpi) Program is available 24 hours a day, 7 days a week, 365 days a year, to assist local health jurisdictions. Local providers should call, including after normal business hours, their local health jurisdiction. The CDEpi 24-hour line is available as a back-up to the local health jurisdiction's 24-hour line. If you need CDEpi assistance, please call 406.444.0273. Phone calls to this number outside of normal business hours will be answered by the answering service. The answering service will immediately forward the message to CDEpi, and we will respond as quickly as possible.

Local health jurisdictions, please ensure that your local providers have your 24/7/365 contact information. And please inform CDEpi or the Public Health Emergency Preparedness Program of updates to your required 24/7 contact information.

This update is produced by the Montana Communicable Disease Epidemiology Program. Questions regarding its content should be directed to 406.444.0273 (24/7/365). For more information: <http://dphhs.mt.gov/publichealth/cdepi>